

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

RECEIVED
MAR 07 2003

ENTER 1600/2900

Applicants: Barbara A. Gilchrest, Mina Yaar and Mark Eller

Serial No.: 09/018,194 Group Art Unit: 1647

Filed: February 4, 1998 Examiner: Sandra L. Wegert

Confirmation No.: 9447

For: Inhibition of Apoptosis in Keratinocytes by a Ligand of p75 Nerve Growth Factor Receptor (as amended)

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202	
on <u>2/28/03</u>	<u>Wendy Morrissey</u>
Date	Signature
<u>Wendy Morrissey</u>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents
Box AF
P.O. Box 2327
Arlington, VA 22202

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated December 2, 2002 of the Primary Examiner finally rejecting claims 6-10. The item(s) checked below are appropriate:

1. ☐ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated [] for [] month(s) from [] to [].
2. ☐ A [] month extension of time to respond to the Office Action Made Final dated [] was filed on [] with payment of a \$[] fee.
☐ Applicant hereby petitions for an additional [] month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

<input type="checkbox"/>	Extension of Time for [] month(s)	\$ _____
<input type="checkbox"/>	Additional Extension of Time:	
	Fee for Extension ([] mo.)	\$ _____
	Less fee paid ([] mo.) -	\$ _____
	Balance of fee due	\$ <u>0</u>
<input checked="" type="checkbox"/>	Notice of Appeal	\$ <u>160</u>
<input type="checkbox"/>	Other _____	\$ _____
	TOTAL	\$ <u><u>160</u></u>

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$160.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Carol A. Egner
Carol A. Egner
Registration No.: 38,866
Telephone: (978) 341-0036
Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date: February 28, 2003